

**TOWN OF LONGBOAT KEY  
PLANNING, ZONING AND BUILDING  
DEPARTMENT**

501 Bay Isles Road  
Longboat Key, FL 34228  
Phone: 941-316-1966 FAX: 941-316-1970



**PLUMBING PERMIT APPLICATION  
\*\*Backflow Assembly Installation\*\***

Application must be completed in ink or typed. All signatures must be notarized. All sections of the application must be accurately completed including the Work Description with a thorough description of all work proposed by this application. All required supporting documents, engineering, plans, etc., must be submitted for the application to be valid for review.

OFFICE USE ONLY	
Applic #: _____	Permit # PP: _____
Approved by: _____	Date: _____
Permit Fee: \$ _____	
Receipt #: _____	Issued: _____

**REVIEWED UNDER FLORIDA BUILDING CODE FIFTH EDITION AND STATE STATUTES**

***IF PAYING BY CREDIT CARD, PLEASE COMPLETE A CREDIT CARD AUTHORIZATION FORM***

**JOB SITE**

PROJECT/COMPLEX NAME (IF ANY): \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ UNIT #: \_\_\_\_\_  
COUNTY:  MANATEE  SARASOTA LOT (S) #: \_\_\_\_\_ PARCEL ID #: \_\_\_\_\_

**PLUMBING PERMIT APPLICANT  PROPERTY OWNER IS APPLICANT**

NOTE: Registered Contractor must be licensed in the county project is located

LICENSES: STATE #: \_\_\_\_\_ MANATEE CO: \_\_\_\_\_ SARASOTA CO: \_\_\_\_\_  
APPLICANT/QUALIFIER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_ FAX: \_\_\_\_\_  
STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**WORK DESCRIPTION**

**DOMESTIC SINGLE-STORY RESIDENTIAL STRUCTURES (including one story over parking):**

Backflow Assembly Installation:  Replace existing  Initial installation # to be installed: \_\_\_\_\_  
Type of Assembly: \_\_\_\_\_

**DOMESTIC MULTI-STORY RESIDENTIAL STRUCTURES OR COMMERCIAL/TOURISM STRUCTURES\*:**

Backflow Assembly Installation:  Replace existing  Initial installation # to be installed: \_\_\_\_\_  
Type of Assembly: \_\_\_\_\_ Existing tap size: \_\_\_\_\_ Existing meter size: \_\_\_\_\_

**FIRE LINE MULTI-STORY RESIDENTIAL STRUCTURES OR COMMERCIAL/TOURISM STRUCTURES\*:**

Backflow Assembly Installation:  Replace existing  Initial installation # to be installed: \_\_\_\_\_  
Type of Assembly: \_\_\_\_\_ Existing tap size: \_\_\_\_\_ Existing meter size: \_\_\_\_\_

\*Multi-Story Structures: A standard specification diagram or drawing clearly indicating the type of assembly to be installed shall be submitted with a permit application for multi-story structure backflow assembly installation or replacement. The diagram/drawing does not have to be that of the specific assembly manufacturer.

All assemblies must be tested and certified onsite after installation with report faxed to the Planning, Zoning and Building Department (941/316-1970) prior to the permit being finalized.

**Amount of contract\*: \$ \_\_\_\_\_**

\*If contract/price is \$2,500 or more, a recorded Notice of Commencement is required to be submitted prior to issuance of permit.

**WARNING TO OWNER:** Your failure to record a notice of commencement may result in you paying twice for improvements to your property. If you intend to obtain financing, consult with your lender of an attorney before recording your notice of commencement.

**Applicant's Affidavit:** I certify that all the information is accurate and complete. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit. **Note:** If owner is applying for this permit as a contractor under F.S. 489.103 (and applicable Florida Building Code), said owner must personally appear at the Town Planning, Zoning and Building Department to sign this application form and submit a completed Owner Affidavit Form.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**NOTARY of the State of Florida** County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_ who is personally known to me or who

has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
SEAL:

Signature of Notary Public, State of Florida